

Science and Technology Enrichment Program (STEP)

STUDENT MEDICAL/EMERGENCY CONTACT INFORMATION

School _____ Teacher _____

Student Name _____ Birthdate _____

Address _____

Parent/Legal Guardian _____

Contact Number: (home) _____ (work) _____ (cell) _____

Allergies or Specific Health Problems:

Name of any medication(s) currently being taken (prescription and/or over the counter):

Physician _____ Tel. No _____

Preferred Hospital _____

Release to or Emergency Contact Other Than Parent:

1. _____ Telephone: Home _____ Work _____

2. _____ Telephone: Home _____ Work _____

3. _____ Telephone: Home _____ Work _____